

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

**CANCELLATION OF CERTIFICATE
OF LIMITED PARTNERSHIP**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership)

Pursuant to [31 MRSA §423](#), the undersigned limited partnership executes and delivers the following Certificate of Cancellation:

FIRST: The date the original certificate of limited partnership was filed: _____

SECOND: The reason for filing this certificate of cancellation is:

THIRD: ("X" only one box)
The effective date of the cancellation shall be:
☐ the date of filing of this certificate **OR**
☐ the date other than the date of filing (insert future effective date) _____

FOURTH: Other provisions of this certificate, if any, are set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

Authorized Signature(s)*

(signature of individual)

(type or print name and capacity)

(signature of individual)

(type or print name and capacity)

(signature of individual)

(type or print name and capacity)

For Authorized Signature(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by: ([31 MRSA §424.1.C](#))

- (1) **all** general partners **OR**
- (2) if neither the general nor the limited partners are winding up the affairs of the limited partnership, then by **all liquidating trustees OR**
- (3) if the limited partners are winding up the affairs of the limited partnership, then by a **majority in interest of the limited partners OR**
- (4) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**